Reference number(s)
2230-A

Specialty Guideline Management
Empliciti

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Empliciti	elotuzumab

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications[1]

- Empliciti is indicated in combination with lenalidomide and dexamethasone for the treatment of adult patients with multiple myeloma who have received one to three prior therapies.
- Empliciti is indicated in combination with pomalidomide and dexamethasone for the treatment of adult patients with multiple myeloma who have received at least two prior therapies including lenalidomide and a proteasome inhibitor.

Compendial Uses[2]

- Relapsed or progressive multiple myeloma
- Polyneuropathy, organomegaly, endocrinopathy, monoclonal protein, skin changes (POEMS) syndrome
- Plasma-cell related monoclonal immunoglobulin deposition disease (MIDD)
- Plasma cell-related monoclonal gammopathy of renal significance (MGRS)

All other indications are considered experimental/investigational and not medically necessary.

Reference number(s)
2230-A

Coverage Criteria

Multiple Myeloma[1-3]

Authorization of 12 months may be granted for the treatment of previously treated multiple myeloma when any of the following criteria are met:

- The requested medication will be used in combination with lenalidomide and dexamethasone
- The requested medication will be used in combination with bortezomib and dexamethasone
- The requested medication will be used in combination with pomalidomide and dexamethasone in members who have received at least two prior therapies, including an immunomodulatory agent and a proteasome inhibitor

POEMS, MIDD, and MGRS[2,3]

Authorization of 12 months may be granted for the treatment of POEMS, plasma-cell related MIDD, or plasma cell-related MGRS when any of the following criteria are met:

- The requested medication will be used in combination with lenalidomide and dexamethasone
- The requested medication will be used in combination with bortezomib and dexamethasone
- The requested medication will be used in combination with pomalidomide and dexamethasone in members who have received at least two prior therapies, including an immunomodulatory agent and a proteasome inhibitor

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Empliciti [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; March 2022.
2. The NCCN Drugs & Biologics Compendium 2025 National Comprehensive Cancer Network, Inc. http://www.nccn.org. Accessed October 16, 2025.
3. The NCCN Clinical Practice Guidelines in Oncology Multiple Myeloma (Version 2.2026) 2025 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed October 16, 2025.